

09/12/2019
9/12/2019

09:42 AM PDT

TO: 18506176383 FROM: 5619650938
Division of Corporations

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H110002735553
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LEGACYTAX.CORPS@GMAIL.COM

**ELC AMND/RESTATE/CORRECT OR M/MG RESIGN
PAREDES MECHANICAL, LLC**

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Certified Copy	1
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Corporate Filing Menu

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09/12/2019

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TO:18506176383

FROM:5619650938

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COVER LETTER

H190002735553

TO: Registration Section
Division of Corporations

SUBJECT: PAREDES MECHANICAL, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARNALDO J COUCELO

Name of Person

LEGACY TAX, INC.

Firm/Company

1601 BELVEDERE RD, SUITE 305S

Address

WEST PALM BEACH, FL 33406

City/State and Zip Code

LEGACYTAXCORPS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J COUCELO

at (

561

683-3000

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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AT FIDELITY
AND
FIELD

H190002735553

STATEMENT OF AUTHORITY

H190002735553

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: PAREDES MECHANICAL, LLC.

SECOND: The Florida Document Number of the limited liability company is: L11000086987

THIRD: The street address of the limited liability company's principal office is:

3526 HIAWATHA AVE

WEST PALM BEACH, FL 33409

The mailing address of the limited liability company's principal office is:

3526 HIAWATHA AVE

WEST PALM BEACH, FL 33409

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

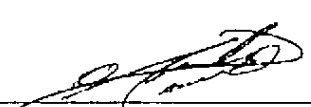
a. Granted to: ARTURO PAREDES

b. No authority granted to: NONE

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: ARTURO PAREDES

b. No authority granted to: NONE


Signature of authorized representative

ARTURO PAREDES JR

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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